## **Washington Metropolitan Area Transit Commission**

2010 Carrier Annual Report Form

## PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before February 1, 2010. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

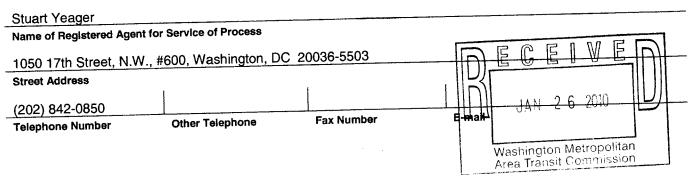
| 1. | ANNUAL   | REPORT | OF: |
|----|----------|--------|-----|
| 1. | MITITORE |        | •   |

| 1. ANNUAL      | REPORT    |  |                         | and and Linea                      |  |  |
|----------------|-----------|--|-------------------------|------------------------------------|--|--|
| 925            | Carroll's | Carroll's Transportation Services, Inc., t/a Carroll's Comfort Lines |                         |                                    |  |  |
| *WMATC No.     | *Name of  | Carrier (as shown on ce  | rtificate of authority) |                                    |  |  |
| 2751 Marshall  | Hall Road | Bryans Road, MD 2  | 0616-3295               |                                    |  |  |
|                |           | Place of Business  |                         |                                    |  |  |
| P.O. Box 408,  | Bryans Ro | ad, MD 20616-0408  |                         |                                    |  |  |
|                |           | rom street address)  |                         | •                                  |  |  |
| (301) 404-786  | Q         |  | (301) 375-8411          | manager@carrollstransportation.com |  |  |
| *Telephone Num |           | Other Telephone  | Fax Number              | E-mail                             |  |  |

CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

| Mr. Carroll A. Brown, Jr. |                 | President      |                                    |
|---------------------------|-----------------|----------------|------------------------------------|
| *Name                     |                 | *Title         |                                    |
| (301) 404-7869            | (301) 283-2930  | (301) 375-8411 | manager@carrollstransportation.com |
| *Telephone Number         | Other Telephone | Fax Number     | E-mall                             |

3. REGISTERED AGENT INCIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS
\*(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):



(continued on next page)

| control<br>not ap | l, or form o<br>plicable, a           | of organization th | er, consolidation or other change<br>at occurred after the previous yea<br>certificate of authority was issued<br>changes have occurred. | ar's annual repo                | rt was filed, | or if       |
|-------------------|---------------------------------------|--------------------|--|---------------------------------|---------------|-------------|
| tne cai           | rrier certille                        | es that no such c  | manges have occurred.  |                                 |               | <del></del> |
|                   |                                       |                    |  |                                 |               |             |
|                   |                                       |                    |  |                                 |               |             |
|                   | -                                     |                    |  | wr. 1                           |               |             |
| three o           | ptions: (1)                           | list your vehicles | USED IN WMATC OPERATIONS s below; (2) make any necessary   | corrections on t                | he enclosed   | vehicle     |
| list and          | return it v                           | vith this form; or | (3) attach your own vehicle list.  *Vehicle VIN  | *License Plate                  | red informat  | *Seating    |
| (If applicable)   | Year                                  | *Make              | (17 digits)  | Number                          |               | Capacity    |
|                   |                                       |                    |  |                                 |               |             |
| _                 |                                       |                    |  |                                 |               |             |
|                   |                                       |                    |  |                                 |               |             |
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|                   |                                       |                    | JAN 2 6 2010   |                                 |               |             |
|                   |                                       |                    | Washington Metropo   | litan                           |               |             |
|                   |                                       |                    | Area Transit Commis  | sion                            |               | -           |
|                   |                                       |                    |  |                                 |               |             |
|                   |                                       |                    |  |                                 |               |             |
| S. *CERT          | rificatio                             | N:                 |  |                                 |               |             |
|                   |                                       |                    | attachments, was prepared by me  | e or under my s                 | upervision, t | hat I       |
|                   |                                       |                    | ation contained in it is true, correc  |                                 |               |             |
| C. AR             | ווע פלי                               | A. BROWN           | To Can   | A a. R.                         | in h          |             |
| Name (Type        |                                       | <u>3</u> Kv010     | *Signature   | voll A. B.<br>2 <b>5</b> , 2010 | 1000 1/4      |             |
| PRO               | Esident                               | _                  | Jan a  | 25, 2010                        | d             |             |
| *Title            |                                       |                    | *Date  |                                 |               |             |

WMATC No: 925 Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name: Carroll's Trans

Carroll's Transportation Services, Inc.

Trade Name: Carroll's Comfort Lines

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

☐ Check this box if all information on this list is complete and accurate.

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|-------------------------|---|--|--|---|--|---|
| Fleet No.               | *Model Year   | *Make  | *VIN (17 digits)   | *Plate  | *State Registered  | *Capacity                               |
|                         | 00.000 1. 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.0 | on a committee of the contract | 0.000 million (1990) (1 | ACCORDING THE ACCORDING TABLES AND THE TABLES AND THE                                 | ·  | manamanamanamanamanamanamanamanamanaman |
|                         | <del>1983-</del>  | <del>MCI-</del> -  | <del>1TUAAH7A5DR00388</del> 1  | AGB6940   | <del>GA.</del>   | 47                                      |
|                         | 1993  | PREVOST  | 2P9H33401P10013  | 45 013P48   | mp   | 49                                      |

